

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, KY 40222
(502) 429-7150

MEMORANDUM

TO: Applicants for Athletic Trainer Certification

FROM: Judy Donato, Athletic Trainer Coordinator

RE: Certification as an Athletic Trainer

Enclosed is an application for certification as an athletic trainer in the Commonwealth of Kentucky. You are requested to complete the application, sign and have the form notarized. The completed application is to be returned in the envelope provided along with the following information:

- Original passport size photograph – signed and dated.
- FORM 1: Verification of NATA BOC certification. This should be sent directly to KBML from the BOC.
- Copy of current wallet card from the NATA BOC. Please copy front and back of card.
- An official copy of college transcripts. This must be mailed directly to KBML from the college.
- FORM 2: Verification from an approved supervising athletic trainer showing completion of all training hours. This should be sent directly to KBML from the supervising athletic trainer.
- FORM 3: Verification from any state in which you currently hold or have ever held certification/licensure. This should be sent directly to KBML from any state in which you've been certified/licensed. (If applicable)
- A copy of a certificate of an HIV/AIDS education course that has been approved by the Kentucky Cabinet for Health and Family Services.
- FBI Criminal Background Check is required for certification. The instructions are enclosed with the application.

You will be required to provide the name and Kentucky license number of your supervising/team physician on the application for certification. If you are not currently employed in Kentucky, you may indicate not applicable, however you will be required to forward this information to the Board immediately upon accepting employment.

Once the application has been received and is complete, it will be presented to the Kentucky Advisory Council on Athletic Trainers for their consideration. If the Council determines that you have met the statutory requirements for certification, your application will then be presented to the Kentucky Board of Medical Licensure for final approval.

For your information the fee for certification is:

- \$100.00 certification fee - Make check payable to Kentucky Board of Medical Licensure

Should you have any questions regarding the application, please contact me at (502) 429-7150.

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, KY 40222
(502) 429-7150

APPLICATION FOR ATHLETIC TRAINER CERTIFICATION IN KENTUCKY
(Please Type or Print)

Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer "yes" to any question if the event(s) described in that question has actually occurred. You must answer "yes" in such circumstances even if you have been advised by an attorney or other person that you may answer "no". You must also answer "yes" in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated "confidential" by the body involved. After answering "yes" to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated "confidential," attorney has advised that you properly answer "no"). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer "yes" to a question, you should err in favor of answering "yes" and provide an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your certification.

1. Name: _____
2. Address _____
3. City, State, Zip code _____
4. Social Security Number: - -
5. Phone: (home) _____ (work) _____
6. Place of Birth _____ Date of Birth _____
7. Employment History: Beginning with the most recent, include all athletic trainer employment from NATABOC certification to date of this application. Attach additional sheets if necessary.

Dates: From - To _____ Position Held _____

Name of supervising/team physician _____

Business Address _____

Type of Practice _____ Phone _____

List Duties Performed in Practice _____

8. Name of KY licensed supervising/team physician _____ License No: _____

Address _____
(street)

(city) (state) (zip code)
9. NATABOC Certification # _____ Expiration Date _____

Name _____ Social Security Number _____

10. College/university from which you received your degree or required course work:

Bachelors _____
School _____ Graduation Date _____ Major/Minor _____

Masters _____
School _____ Graduation Date _____ Major _____

Other _____
School _____ Graduation Date _____ Major/Minor _____

11. List all states in which you have applied for or been granted certification/license as an athletic trainer.

State	Certification #	Issue Date	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. List all states in which you have applied for or been granted license/registration as a physical therapist.

State	Certification #	Issue Date	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Have you had any certificate, license, registration or other privilege to practice as a health care professional, denied, revoked, suspended, probated, or restricted by a State or Federal authority, or have you ever surrendered such credential to avoid or in connection with disciplinary investigation/action by such jurisdiction? ☐ YES ☐ NO
14. Have you been or are you currently under investigation by any State or Federal licensure authority or any drug licensure/enforcement authority? ☐ YES ☐ NO
15. Are any legal proceedings regarding certification/licensure presently pending against you by any State or Federal licensure authority or any drug licensure/enforcement authority? ☐ YES ☐ NO
16. Have you been convicted of a felony or misdemeanor by any State or Federal court? Are any criminal charges presently pending against you in any of those courts? ☐ YES ☐ NO
17. To your knowledge, are you the subject of an investigation for a criminal act? ☐ YES ☐ NO
18. Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Authority? ☐ YES ☐ NO

*** If you answered “YES” to any of the above questions (#13 – 18), please attach a written explanation. Failure to attach an explanation will result in your application being returned.**

Name _____ Social Security Number _____

19. List the name and address of every athletic trainer that has supervised your work.

Trainer's Name	Location of Supervision (facility & full address)	Dates of Supervision
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

AFFIDAVIT OF APPLICANT: I hereby state that the information contained in this application is true, accurate, and complete to the best of my knowledge and belief. I understand that under Kentucky law the submission of any false, fraudulent or forged statement, document or other matter in connection with this application is grounds for criminal prosecution and the denial of certification. I authorize the Board, or its agents, to obtain from other sources any information necessary for determining my qualifications for certification. I also authorize them to furnish any information they may now, or in the future, have concerning my qualifications and fitness to practice as an athletic trainer to any person, institution, association, school, hospital or government entity. I understand any false information on my application may subject my certification to disciplinary action pursuant to the Kentucky Certified Athletic Trainer Statutes and Regulations.

Signature of Applicant Date

Subscribed and sworn before me by the above named applicant this

_____ day of _____, _____

This application consists of 3 pages.

Signature of Notary

My commission expires: _____

Seal of Notary

*This Application is in compliance with the American Disabilities Act
(Revised 11/8/06)

Name _____ Social Security Number _____

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and (I) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board (KBML) and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a certification decision based upon them.

“Illegal drug use” means the use of an illegally obtained controlled substance or dangerous drug; the term “illegal drug use” also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

1. Do you currently, or have you had within the past 5 years, any physical, mental, or emotional condition which impaired, or might reasonably impair your ability to practice your health care profession safely and competently?
☐Yes ☐No
2. Within the past 5 years, have you been admitted to any hospital or other in-patient care facility for any physical, mental or emotional condition which impaired, or might reasonably be considered to impair, your ability to practice your health care profession safely and competently?
☐Yes ☐No
3. Do you currently have, or have you had within the past 5 years, a dependency on or abuse of the use of alcohol or drugs, which impaired, or might reasonably impair, your ability to practice your health care profession safely and competently?
☐Yes ☐No
4. Within the past 5 years, have you engaged in the excessive use of alcohol or illegal drugs, or received any in-patient or outpatient or individual therapy/treatment or been hospitalized for alcoholism, or illegal use, or been arrested for a DUI (Driving Under The Influence)?
☐Yes ☐No
5. Within the past 5 years, have you been the subject of any chemical substance screening test which resulted in an indication of the presence in your body of any controlled substance, any dangerous drug, or alcohol level above .10% BAC? (This does not include those drugs taken by you as a result of a legitimate health care diagnosis, and prescribed for you in good faith by another licensed health care professional.)
☐Yes ☐No

*****Affidavit of Applicant*****

I hereby state that the information contained in this application is true, accurate, and complete to the best of my knowledge and belief. I understand that under Kentucky law the submission of any false, fraudulent or forged statement, document or other matter in connection with this application is grounds for criminal prosecution and the denial of certification. I authorize the Board (KBML) or its agents to obtain from other sources any information necessary for determining my qualifications for certification. I also authorize them to furnish any information they may now or in the future have concerning my qualifications and fitness to practice as an athletic trainer to any person, institution, association, school, hospital or government entity.

(Signature of Applicant)

(Print Name)

Subscribed and sworn to before me by the above named applicant this _____ day of _____
(month, year)

(Signature of Notary)

Seal of Notary

My commission expires: _____

• • • **DEADLINES FOR COUNCIL MEETING DATES** • • •

In order for your application to be presented to the State Advisory Council on Athletic Trainers, your application must be completed in its entirety and must be on file in the Board office no later than the deadline dates listed below. Once the Council reviews your application, it will be presented to the Kentucky Board of Medical Licensure for final approval.

<u>Deadline Date</u>	<u>AT Meeting Date</u>	<u>Board Meeting Date</u>
January 9, 2009	February 4, 2009	March 19, 2009
April 10, 2009	May 6, 2009	June 18, 2009
July 10, 2009	August 5, 2009	September 17, 2009
October 9, 2009	November 4, 2009	December 17, 2009

Athletic Trainer

Request For Temporary Certificate

If you need to begin working as a certified athletic trainer in the Commonwealth of Kentucky before the next Board meeting, you may request a temporary certificate. Your completed application and all supporting documentation (including all required documents ex.: credentials, photograph, etc.) must be received by the KBML prior to issuing a temporary certificate.

If you wish to request a temporary certificate, please complete the following:

Name: _____

Supervising/ Team Physician: _____

Address: _____

Phone Number: _____

**NATA Board of Certification
Waiver Release Form**

Applicant: Complete the top portion of this form and attach a **\$25.00 processing fee** payable to the BOC. Please send completed form to: NATA BOC, 4223 South 143rd Circle, Omaha, NE 68137.

NAME: _____

ADDRESS: _____

NATA BOC Certification #: _____

Applicant Signature

I authorize the National Athletic Trainers Association to release to the Kentucky Board of Medical Licensure all of the information requested below.

- - - - -

VERIFICATION OF NATA BOC CERTIFICATION

As Executive Director of the National Board of Certification, Inc., Continuing Education Office, I hereby attest that the above named applicant has successfully passed the National Athletic Trainers' Examination and has been assigned the following:

Name: _____

NATA BOC Certification Number: _____

Certification Date: _____

Expiration Date: _____

Certification in Good Standing? ☐ Yes ☐ No

If the answer is "No" to the above question, please provide additional information.

NATABOC Signature

Date

Please mail form directly to:

Kentucky Board of Medical Licensure
Attn: Judy Donato, Athletic Trainer Coordinator
310 Whittington Pkwy., Suite 1B
Louisville, KY 40222

Verification of Athletic Trainer Training Hours

Applicant: Please complete this section of the form and mail entire form to athletic training supervisor with whom you completed your training hours under. If needed, you may copy this form for additional copies.

As a part of the application for certification as an athletic trainer, the Kentucky Board of Medical Licensure requires this form be completed by each athletic training supervisor where I performed internship hours. I, hereby authorize the release of any information in your files, favorable or otherwise, to be **sent directly to the Kentucky Board of Medical Licensure, Attn: Judy Donato Athletic Trainer Coordinator, 310 Whittington Parkway, Suite 1B, Louisville, KY 40222**

Applicant's Name: _____

Address: _____

Do Not Detach

- - - - -

Name of Student: _____

Organization/University where completed Training Hours:

Address of Organization/University

Date began training: _____ Date completed training: _____

Total Number of Hours Completed: _____

Sports/Activities student participated in training _____

Athletic Training Supervisor: _____

Title: _____

Signature: _____

Verification of Certification Athletic Trainer

Applicant: Please complete this section of the form and mail to each state board in which you are now or have ever been certified/licensed, as an athletic trainer. If needed, you may copy this form for additional copies.

As a part of the application for certification as an athletic trainer, the Kentucky Board of Medical Licensure requires this form to be completed by each state in which I hold or have ever held certification. I, hereby, authorize the release of any information in your files, favorable or otherwise, to be **sent directly to the Kentucky Board of Medical Licensure, Attn: Judy Donato, Athletic Trainer Coordinator, 310 Whittington Parkway, Suite 1B, Louisville, KY 40222**

_____, A.T.C.
(Signature)

Name: _____

Address: _____

License/Certificate Number: _____

- - - - -

State of: _____ Certificate/License No.: _____

Issue Date: _____

Full name of Certificate holder: _____

By: _____ NATA BOC examination? _____ State Board's Written Exam?

Is Certificate current? _____ If "NO", why not? _____

Has certificate been subject to disciplinary action by your agency? _____

If "Yes", please provide additional information.

Comments, if any, _____

Signed: _____ Date: _____

Board Seal

Title: _____

KENTUCKY BOARD OF MEDICAL LICENSURE

HIV/AIDS Education Documentation Requirements

During the 1990 regular legislative session, the General Assembly passed House Bill 425, which mandated Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) education requirements for health professionals. Further, the General Assembly mandated that the Cabinet for Health and Family Services (CHFS) administer this program and that the Kentucky Board of Medical Licensure monitor compliance.

On or after September 24, 1991, all applicants for certification as an athletic trainer must comply with the two (2) hour HIV/AIDS education requirement.

Prior to receiving current certification, each applicant for certification **MUST** submit to the Kentucky Board of Medical Licensure ONE of the following:

1. A copy of a certificate of completion of an approved course. The HIV/AIDS course (2 hours minimum) must be included on the official listing of approved courses maintained by CHFS, and the CHFS course approval number must appear on the certificate.
2. An "Affidavit of Reasonable Cause" form if the requirement is not met prior to certification. If the HIV/AIDS course has not been completed, the applicant may complete an "Affidavit of Reasonable Cause" form to verify that the requirement will be met within the next six (6) months. This affidavit shall be valid for no more than six (6) months and is **not renewable**. Eligible applicants will be issued a Temporary Certification only for a six month period. ***The full certification to function as an athletic trainer in Kentucky will NOT be issued until this requirement has been met.***

If you have any questions regarding applicable courses, approval or courses, or if you need to obtain a listing of approved courses, please contact:

AIDS Education Program
Cabinet for Health and Family Services
275 E. Main Street
Frankfort, KY 40621
(502) 564-6539
<http://chfs.ky.gov/dph/epi/HIVAIDS/ProfessionalEducation.htm>.

*** * Home Study and Internet Courses Are Available! * ***

**Kentucky
HIV/AIDS Education
Affidavit Of Reasonable Cause**

I, _____ request that the Board of Medical Licensure defer my HIV/AIDS education requirement for initial professional certification for the following reason: (Please explain in detail)

I understand that the deferment is valid for a maximum of six (6) months from the date of the issuance of a temporary certificate to practice as an athletic trainer, or approval by the Board for full certification. I also understand that this is not renewable. I further understand that within six months I must send to the Kentucky Board a copy of a certificate showing completion of an HIV/AIDS course that has been approved by the Kentucky Cabinet for Health and Family Services.

Signature: _____ Date: _____

Printed Name: _____

Social Security Number: _____

***NOTE:** This form must be sent to your Kentucky Board in order for you to receive a six month extension. Please retain a copy of this affidavit for your records.

MAIL TO THE KENTUCKY BOARD AT THE ADDRESS BELOW:

Judy Donato
Kentucky Board of Medical Licensure
The Hurstbourne Office Park
310 Whittington Parkway, Suite 1B
Louisville, KY 40222
(502) 429-7150

**Kentucky HIV/AIDS Education Program
Department for Health Services
Cabinet for Health and Family Services
275 E. Main Street
Frankfort, KY 40621-0001
(502) 564-6539**

You may order a list of approved HIV/AIDS education courses from the Kentucky Cabinet for Health and Family Services by completing the form below and mailing to the Cabinet for Health and Family Services or by visiting the Cabinet's website.

The website address is: <http://chfs.ky.gov/dph/epi/hiv-aids+professional+education.htm>

Send me the list(s) of:

_____ Home study courses only
(These are correspondence courses.)

_____ Lecture courses only

_____ Home study and lecture courses

Send this request to (please print or type):

Name: _____

Address: _____

Street

City

State

Zip

Daytime Phone #: _____

Mail This Form To Address At Top Of Page

**Kentucky Board of Medical Licensure
Criminal Background Requirements
KRS 311.565**

This notice should be provided to all applicants applying for Physician Assistants & Athletic Trainers in the Commonwealth of Kentucky.

All persons applying for a Physician Assistant Licensure and Athletic Trainer Certification on and after January 1, 2008 shall submit proof of a FBI Criminal Background Check to the Board as part of the application. This record must indicate that there have been no felony convictions or pending charges at any time or any misdemeanor convictions or pending charges within the previous five-year period. Some examples of misdemeanors, which will be subject to a Board investigation, include: DUI, sexual assault, certain theft charges, and drug convictions. In general, speeding and minor traffic violations would not be misdemeanors. Some serious traffic violations could be misdemeanors.

Where can I obtain the necessary FBI forms? To obtain the fingerprint cards, check with your local law enforcement agency, the Kentucky State Police (check www.kentuckystatepolice.org/post.htm for the nearest location), or call the Federal Bureau of Investigation, Criminal Justice Information Services Division at 304-625-3878. You must listen to the **entire** recording and request the cards be sent to you at the end of the message. You should receive two fingerprint cards in the mail within 3-5 days.

Who will take my fingerprints? Most local law enforcement agencies, county sheriff's departments, some city and county police departments or any state police post may be able to take your fingerprints. The law enforcement agencies will be taking your fingerprints for a **Personal Review**. Some law enforcement agencies may charge a fee for fingerprinting services.

What is the cost and where do I send it? Send the completed fingerprint card, a short letter (a sample letter is attached for your review) advising the FBI that the report is desired for personal review and a certified check or money order, payable to the Treasury of the United States, in the amount of \$18 to the address listed below. **If all items are not included, the request will be returned to you by the FBI for correction.**

**Federal Bureau of Investigation
Criminal Justice Information Services Section, Attn: Records Request
1000 Custer Hollow Road
Clarksburg, WV 26306**

What if my report comes back indicating that the prints are unreadable or indiscernible? If a criminal background report comes back from the FBI indicating that the prints are indiscernible or unreadable, the applicant should have the second set of prints done at the nearest State Police Post and resubmitted to the FBI for processing. If the second report comes back with the same result, then the Board has an affidavit that the applicant can sign before a notary to use for the issuance of a license. All of the **original fingerprint cards and reports** must be submitted along with the affidavit in order for the affidavit to be valid. If the applicant goes to the State Police first and that report comes back unacceptable, then he/she must have the prints done at one other location. Thus, no license will be issued to the applicant (using an affidavit) unless there have been at least two FBI reports obtained that indicate a failure to read the prints, one of which resulted in the fingerprints being done by the State Police Post.

Also, we cannot accept a copy of a report that has been done for any other entity or organization. Applicants must have their prints taken and forwarded to the FBI for processing. The original fingerprint card(s) and

report(s) must be submitted to our office for processing your application for a Physician Assistant License or Athletic Trainer Certification.

How long does this process take and how long is the report valid? Approximately **4-6 weeks**, upon submission of the fingerprint card to the FBI. Thus, you should apply for the criminal background report at the time you submit your application to the Board. **The report is only valid for one year.**

What should I do if my report is clear? The report will be mailed directly to you. The **original** report(s) and fingerprint card(s) must be submitted for completion of your application for Physician Assistant Licensure or Athletic Trainer Certification. Photocopies of the fingerprint card and/or written report from the FBI are not acceptable.

What happens if I have a conviction or pending charges? You must submit the criminal background report to the Board within five days of receipt of the FBI identification record. The Board will then begin an investigation into the conviction or charges. Just a reminder, you will be asked about any presently pending and/or prior convictions of felonies or misdemeanors on the Board's application for licensure, please be sure to answer these questions in a truthful manner.

If a conviction is noted, how long will the Board's investigation process take? Approximately 60-90 days depending upon how quickly all the documents are returned to the Board and the backlog of cases.

IMPORTANT NOTE: The Board **will not** issue a Physician Assistant License or Athletic Trainer Certification until we have received the final fingerprint card(s) and background report(s).

If you have further questions, please contact the Board's office at (502) 429-7150, ext. 228.

**Kentucky Board of Medical Licensure
ATTN: Judy Donato
Hurstbourne Office Park
310 Whittington Parkway, Suite 1B
Louisville Kentucky, 40222**

Federal Bureau of Investigation
Criminal Justice Information Services Division
1000 Custer Hollow Road
Clarksburg, WV 26306

RE: Criminal Background Check

I am requesting this background check and report for a personal review. Enclosed is the required, completed fingerprint card, along with the \$18 processing fee. (Certified check or money order, payable to: Treasury of the United States).

PLEASE RETURN THE REPORT TO ME AT THE FOLLOWING ADDRESS:

Printed or typed: _____
Full Legal Name

Street address: _____

City, State, Zip: _____

Signature

Date